

Nursing Facility Closures

Closure Date **05/18/2021** Facility_ID 000223

Owner_Operator SNH Longhorn Tenant LLC

Facility Healthcare Center at The Forum at Park Lane

Address 7827 Park Lane

Dallas Texas 75225

County Dallas

Service_Type Nursing SNF

Bed Designations

Total Medicaid 0

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date **06/21/2022** Facility_ID 000182

Owner_Operator BST HEALTH SERVICES CORP

Facility THE VISTA AT BLUE SKIES OF TEXAS WEST

Address 5100 JOHN D RYAN BLVD

SAN ANTONIO TX 78245

County Bexar

Service_Type Nursing SNF

Bed Designations

Total Medicaid 0

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date **06/16/2022** Facility_ID 004648

Owner_Operator LTC OF AUSTIN COUNTY III, LLC

Facility BRIARWOOD MANOR CARE CENTER

Address 1515 W MAIN

BELLVILLE TX 77418

County Austin

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 49

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

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|----------------|---|-------------|--------|-------------------|---|---|
| Closure Date | 05/13/2021 | Facility_ID | 000217 | | | |
| Owner_Operator | SNH Longhorn Tenant LLC | | | | | |
| Facility | The Forum at Memorial Woods Healthcare Center | | | | | |
| Address | 777 North Post Oak Road | | | Bed Designations | | |
| | Houston | Texas | 77024 | Total Medicaid | 0 | |
| | | | | Medicaid | 0 | |
| County | Harris | | | Medicare | 0 | |
| Service_Type | Nursing | SNF | | Medicaid/Medicare | 0 | |
| | | | | Private | 0 | |
| | | | | Total Capacity | | 0 |

Closure Date
04/11/2022
Facility_ID 004254

Owner_Operator

Facility Mabank Nursing Center
Address 110 W. Troupe
Mabank Tx 75147
County Kaufman
Service_Type Nursing SNF/NF

Bed Designations
Total Medicaid
Medicaid
Medicare
Medicaid/Medicare
Private
Total Capacity 0

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|----------------|--|--------------------|--------|-------------------|---|
| Closure Date | 06/25/2020 | Facility_ID | 009536 | | |
| Owner_Operator | Unknown Owner | | | | |
| Facility | THE CORPUS CHRISTI MEDICAL CENTER BAY AREA | | | | |
| Address | 7101 SOUTH PADRE ISLAND DRIVE | | | Bed Designations | |
| | CORPUS CHRISTI | TX | 78412 | | |
| County | Nueces | | | Total Medicaid | 0 |
| Service_Type | Nursing | HOSPITAL-BASED SNF | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

Closure Date 04/16/2021 Facility_ID 005162

Owner_Operator LEE BIVINS FOUNDATION

Facility BIVINS POINTE

Address 6600 KILLGORE

AMARILLO TX 79106

County Potter

Service_Type Nursing SNF

Bed Designations

Total Medicaid 50

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 12/14/2018 Facility_ID 050720

Owner_Operator PM MANAGEMENT - GOLDEN TRIANGLE NC III LLC

Facility CYPRESS GLEN

Address 7200 NINTH AVE

PORT ARTHUR TX 77642

County Jefferson

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 157

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 07/17/2020 Facility_ID 004610

Owner_Operator AltaMonte Care of Houston Heights LLC

Facility Arden Heights

Address 1737 N. Loop W.

Houston Texas 77008

County Harris

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 0

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

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|----------------|------------------------------------|-------------|--------|-------------------|----|
| Closure Date | 10/09/2019 | Facility_ID | 100116 | | |
| Owner_Operator | MCCULLOCH COUNTY HOSPITAL DISTRICT | | | | |
| Facility | Royal Manor West | | | | |
| Address | 9114 Royal Ln | | | Bed Designations | |
| | Waco | Texas | 76702 | Total Medicaid | 66 |
| County | McLennan | | | Medicaid | 0 |
| Service_Type | Nursing | SNF/NF | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

Closure Date

08/27/2020

Facility_ID

106627

| | | | | |
|----------------|----------------------|-----|-------|--|
| Owner_Operator | Unknown Owner | | | |
| Facility | CORPUS CHRISTI AL/IL | | | |
| Address | 3010 AIRLINE RD | | | |
| | CORPUS CHRISTI | TX | 78414 | |
| County | Nueces | | | |
| Service_Type | Nursing | SNF | | |

Closure Date

09/19/2019

Facility_ID

004489

| | | | |
|----------------|---------------------------------|--------|-------|
| Owner_Operator | TOUCHSTONE STRATEGIES - MC1 LLC | | |
| Facility | PINE SHADOW RETREAT | | |
| Address | 23450 PINE SHADOW LN | | |
| | PORTER | TX | 77365 |
| County | Montgomery | | |
| Service_Type | Nursing | SNF/NF | |

Closure Date 05/19/2021 Facility_ID 000233

Owner_Operator SNH SE TENANT TRS INC

Facility THE GARDENS OF BELLAIRE

Address 4620 BELLAIRE BLVD

BELLAIRE TX 77401

County Harris

Service_Type Nursing SNF

Bed Designations

Total Medicaid 0

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 10/25/2018 Facility_ID 005117

Owner_Operator UVALDE COUNTY HOSPITAL AUTHORITY

Facility SOUTHWOOD CARE CENTER

Address 3759 VALLEY VIEW RD

AUSTIN TX 78704

County Travis

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 115

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 08/07/2020 Facility_ID 004236

Owner_Operator GUADALUPE COUNTY HOSPITAL BOARD

Facility THE WESLEYAN AT SCENIC

Address 2001 SCENIC RD

GEORGETOWN TX 78626

County Williamson

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 139

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

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|----------------|--------------------------|-------------|--------|-------------------|----|
| Closure Date | 06/05/2019 | Facility_ID | 004387 | | |
| Owner_Operator | OLD TOWN HEALTH CARE LTD | | | | |
| Facility | OAK MANOR NURSING HOME | | | | |
| Address | 1200 FERGUSON ST | | | Bed Designations | |
| | NACOGDOCHES | TX | 75961 | | |
| County | Nacogdoches | | | Total Medicaid | 55 |
| Service_Type | Nursing | SNF/NF | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|----------------------------|-------------|--------|-------------------|----|
| Closure Date | 07/01/2020 | Facility_ID | 004242 | | |
| Owner_Operator | VISTA LIVING OF ARCHER INC | | | | |
| Facility | VISTA LIVING OF ARCHER | | | | |
| Address | 201 E CHESTNUT ST | | | Bed Designations | |
| | ARCHER CITY | TX | 76351 | | |
| County | Archer | | | Total Medicaid | 42 |
| | | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|--------------------------|-------------|--------|-------------------|----|
| Closure Date | 05/06/2019 | Facility_ID | 102529 | | |
| Owner_Operator | Southwest LTC Bonner LLC | | | | |
| Facility | Legacy at Jacksonville | | | | |
| Address | 810 Bellaire St. | | | Bed Designations | |
| | Jacksonville | TX | 75766 | | |
| County | Cherokee | | | Total Medicaid | 90 |
| Service_Type | Nursing | SNF/NF | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

Closure Date 01/03/2020 Facility_ID 105634

Owner_Operator Silverado Hermann Park, LLC
Facility SILVERADO HERMANN PARK
Address 5600 CHENEVERT STREET
HOUSTON TX 77004
County Harris
Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 5
Medicaid 0
Medicare 0
Medicaid/Medicare 0
Private 0
Total Capacity 0

Closure Date 09/22/2020 Facility_ID 004654

Owner_Operator RUSH AND MIKE WHEELER INC
Facility GOLDEN AGE NURSING HOME
Address 2613 34TH ST
LUBBOCK TX 79410
County Lubbock
Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 34
Medicaid 0
Medicare 0
Medicaid/Medicare 0
Private 0
Total Capacity 0

Closure Date 10/18/2021 Facility_ID 004953

Owner_Operator JEFF D MILLER LLC
Facility ROCK HAVEN NURSING HOME
Address 401 S E STALLINGS DR
NACOGDOCHES TX 75964
County Nacogdoches
Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 60
Medicaid 0
Medicare 0
Medicaid/Medicare 0
Private 0
Total Capacity 0

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|----------------|---|-------------|--------|-------------------|----|
| Closure Date | 02/15/2019 | Facility_ID | 004129 | | |
| Owner_Operator | SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS | | | | |
| Facility | ELSIE GAYER HEALTH CARE CENTER | | | | |
| Address | 902 N MAIN ST | | | Bed Designations | |
| | SAN ANGELO | TX | 76903 | Total Medicaid | 65 |
| County | Tom Green | | | Medicaid | 0 |
| Service_Type | Nursing | SNF/NF | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|---|-------------|--------|-------------------|----|
| Closure Date | 11/18/2020 | Facility_ID | 005058 | | |
| Owner_Operator | RJ MERIDIAN CARE OF SAN ANTONIO III LLC | | | | |
| Facility | MERIDIAN CARE AT GRAYSON SQUARE | | | | |
| Address | 815 E GRAYSON ST | | | Bed Designations | |
| | SAN ANTONIO | TX | 78208 | Total Medicaid | 85 |
| County | Bexar | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|----------------------------------|-------------|--------|-------------------|----|
| Closure Date | 12/02/2021 | Facility_ID | 004551 | | |
| Owner_Operator | Refugio I Enterprises, LLC | | | | |
| Facility | Refugio Nursing & Rehabilitation | | | | |
| Address | 201 Swift Street | | | Bed Designations | |
| | Refugio | Texas | 78377 | Total Medicaid | 55 |
| County | Refugio | | | Medicaid | 0 |
| Service_Type | Nursing | SNF/NF | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|---------------------|--|-------------|--------|
| Closure Date | 10/18/2021 | Facility_ID | 004802 |
| Owner_Operator | CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY | | |
| Facility | COMMUNITY CARE CENTER OF CROCKETT | | |
| Address | 1150 E LOOP 304 | | |
| | CROCKETT | TX | 75835 |
| County | Houston | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 67 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|---------------------|----------------------------|------------------|--------|
| Closure Date | 08/26/2021 | Facility_ID | 005038 |
| Owner_Operator | LAKE WORTH INVESTMENTS INC | | |
| Facility | LAKE WORTH NURSING HOME | | |
| Address | 4220 WELLS DR | | |
| | LAKE WORTH | TX | 76135 |
| County | Tarrant | | |
| Service_Type | Nursing | NF LICENSED ONLY | |

Bed Designations

| | |
|-------------------|---|
| Total Medicaid | 0 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|---------------------|------------------------------------|-------------|--------|
| Closure Date | 08/28/2019 | Facility_ID | 004476 |
| Owner_Operator | MCCULLOCH COUNTY HOSPITAL DISTRICT | | |
| Facility | PECAN VALLEY HEALTHCARE RESIDENCE | | |
| Address | 1405 W STOREY ST | | |
| | SAN SABA | TX | 76877 |
| County | San Saba | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 65 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|----------------|------------------------------------|-------------|--------|-------------------|----|
| Closure Date | 10/01/2020 | Facility_ID | 004487 | | |
| Owner_Operator | PRE NURSING AND REHABILITATION LP | | | | |
| Facility | PREMONT NURSING AND REHABILITATION | | | | |
| Address | 431 N W 3RD ST | | | Bed Designations | |
| | PREMONT | TX | 78375 | Total Medicaid | 47 |
| County | Jim Wells | | | Medicaid | 0 |
| Service_Type | Nursing | SNF/NF | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|--|--------|-------------|-------------------|----|
| Closure Date | 03/10/2021 | | Facility_ID | 004264 | |
| Owner_Operator | SLP Fort Worth, LLC | | | | |
| Facility | Wellington Oaks Nursing & Rehabilitation | | | | |
| Address | 701 St. Louis Ave. | | | Bed Designations | |
| | Fort Worth | TX | 76104 | | |
| County | Tarrant | | | Total Medicaid | 93 |
| Service_Type | Nursing | SNF/NF | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|--|-------------|--------|-------------------|----|
| Closure Date | 01/23/2020 | Facility_ID | 004936 | | |
| Owner_Operator | PINNACLE HEALTH FACILITIES XV LP | | | | |
| Facility | LEXINGTON PLACE NURSING & REHABILITATION | | | | |
| Address | 611 NW STALLINGS DR | | | Bed Designations | |
| | NACOGDOCHES | TX | 75964 | Total Medicaid | 52 |
| County | Nacogdoches | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|---------------------|--|-------------|--------|
| Closure Date | 06/24/2020 | Facility_ID | 005136 |
| Owner_Operator | TERRACE WEST NURSING AND REHABILITATION LP | | |
| Facility | TERRACE WEST NURSING AND REHABILITATION LP | | |
| Address | 2800 MIDLAND DR | | |
| | MIDLAND | TX | 79707 |
| County | Midland | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|-----|
| Total Medicaid | 114 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|---------------------|---|-------------|--------|
| Closure Date | 09/06/2020 | Facility_ID | 004448 |
| Owner_Operator | LEONARD MANOR NURSING AND REHABILITATION LP | | |
| Facility | LEONARD MANOR NURSING AND REHABILITATION LP | | |
| Address | 902 E HACKBERRY ST | | |
| | LEONARD | TX | 75452 |
| County | Fannin | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 42 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|---------------------|--|-------------|--------|
| Closure Date | 02/03/2020 | Facility_ID | 004527 |
| Owner_Operator | BR HEALTHCARE SOLUTIONS LLC | | |
| Facility | KARNES CITY HEALTH AND REHABILITATION CENTER | | |
| Address | 209 COUNTRY CLUB DR | | |
| | KARNES CITY | TX | 78118 |
| County | Karnes | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 51 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|----------------|--|-------------|--------|----------------|------------------|-------------------|---|
| Closure Date | 09/26/2019 | Facility_ID | 004986 | | | | |
| Owner_Operator | CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY | | | | | | |
| Facility | GARDENDALE REHABILITATION AND NURSING CENTER | | | | | | |
| Address | 1521 E RUSK | | | | Bed Designations | | |
| | JACKSONVILLE | TX | 75766 | Total Medicaid | 92 | | |
| County | Cherokee | | | | Medicaid | 0 | |
| | | | | | Medicare | 0 | |
| Service_Type | Nursing | SNF/NF | | | | Medicaid/Medicare | 0 |
| | | | | | Private | 0 | |
| | | | | | Total Capacity | 0 | |

| Closure Date | 12/02/2019 | Facility_ID | 005209 | | |
|----------------|--|-------------|--------|-------------------|-----|
| Owner_Operator | DEWITT MEDICAL DISTRICT | | | | |
| Facility | VICTORIA RESIDENCE AND REHABILITATION CENTER | | | | |
| Address | 114 MEDICAL DR | | | Bed Designations | |
| | VICTORIA | TX | 77904 | Total Medicaid | 120 |
| County | Victoria | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|------------------------------|-------------|-------------------|------------------|---|
| Closure Date | 06/08/2021 | Facility_ID | 000220 | | |
| Owner_Operator | SNH Longhorn Tenant LLC | | | | |
| Facility | The Forum at Lincoln Heights | | | | |
| Address | 311 West Nottingham | | | Bed Designations | |
| | San Antonio | Texas | 78209 | Total Medicaid | 0 |
| County | Bexar | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF | Medicaid/Medicare | | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

Closure Date 03/30/2022 Facility_ID 004319

Owner_Operator CITY OF ENNIS

Facility Lindale Healthcare Center

Address 215 Margaret St

Lindale TX 75771

County Smith

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 58

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 03/14/2020 Facility_ID 004494

Owner_Operator KINGS MANOR METHODIST RETIREMENT SYSTEM INC

Facility KINGS MANOR METHODIST HOME

Address 400 RANGER DR

HEREFORD TX 79045

County Deaf Smith

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 16

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 06/15/2020 Facility_ID 005010

Owner_Operator HONDO NURSING AND REHABILITATION LP

Facility HONDO NURSING AND REHABILITATION LP

Address 3002 AVE Q

HONDO TX 78861

County Medina

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 58

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

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|----------------|--------------------------------------|-------------|--------|-------------------|----|
| Closure Date | 02/29/2020 | Facility_ID | 005371 | | |
| Owner_Operator | FIRESIDE LODGE RETIREMENT CENTER INC | | | | |
| Facility | FIRESIDE LODGE RETIREMENT CENTER INC | | | | |
| Address | 4800 WHITE SETTLEMENT RD | | | Bed Designations | |
| | FORT WORTH | TX | 76114 | Total Medicaid | 51 |
| County | Tarrant | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

Closure Date
09/17/2018
Facility_ID 009046

| | | | | | |
|----------------|--------------------------|--------------------|-------|-------------------|---|
| Owner_Operator | SJ MEDICAL CENTER LLC | | | | |
| Facility | ST JOSEPH MEDICAL CENTER | | | | |
| Address | 1401 ST JOSEPH PARKWAY | | | Bed Designations | |
| | HOUSTON | TX | 77002 | | |
| | | | | | |
| County | Harris | | | | |
| Service_Type | Nursing | HOSPITAL-BASED SNF | | Total Medicaid | 0 |
| | | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|--------------------------------------|-------------|--------|-------------------|----|
| Closure Date | 03/11/2021 | Facility_ID | 004544 | | |
| Owner_Operator | POTEET NURSING AND REHABILITATION LP | | | | |
| Facility | POTEET NURSING AND REHABILITATION LP | | | | |
| Address | 329 SCHOOL DR | | | Bed Designations | |
| | POTEET | TX | 78065 | Total Medicaid | 45 |
| County | Atascosa | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|--------------|------------|-------------|--------|
| Closure Date | 02/15/2022 | Facility_ID | 004416 |
|--------------|------------|-------------|--------|

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|----------------|--------------------------------------|--------|-------|
| Owner_Operator | SLP Orange, LLC | | |
| Facility | Pinehurst Nursing and Rehabilitation | | |
| Address | 3000 Cardinal Dr. | | |
| | Orange | TX | 77630 |
| County | Orange | | |
| Service_Type | Nursing | SNF/NF | |

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|-------------------|-----|
| Bed Designations | |
| Total Medicaid | 111 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|--------------|------------|-------------|--------|
| Closure Date | 07/05/2019 | Facility_ID | 004997 |
|--------------|------------|-------------|--------|

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|----------------|---------------------------------------|--------|-------|
| Owner_Operator | STANTON NURSING AND REHABILITATION LP | | |
| Facility | STANTON NURSING AND REHABILITATION LP | | |
| Address | 1100 W BROADWAY | | |
| | STANTON | TX | 79782 |
| County | Martin | | |
| Service_Type | Nursing | SNF/NF | |

| | |
|-------------------|----|
| Bed Designations | |
| Total Medicaid | 53 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|--------------|------------|-------------|--------|
| Closure Date | 02/12/2021 | Facility_ID | 005114 |
|--------------|------------|-------------|--------|

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|----------------|---------------------------------------|--------|-------|
| Owner_Operator | CORPUS NURSING AND REHABILITATION LP | | |
| Facility | VISTA DEL MAR HEALTH & REHABILITATION | | |
| Address | 1314 3RD STREET | | |
| | CORPUS CHRISTI | TX | 78404 |
| County | Nueces | | |
| Service_Type | Nursing | SNF/NF | |

| | |
|-------------------|-----|
| Bed Designations | |
| Total Medicaid | 116 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

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|----------------|---------------------------------------|-------------|--------|-------------------|---|
| Closure Date | 03/15/2021 | Facility_ID | 106120 | | |
| Owner_Operator | NORTH HOUSTON MC LLC | | | | |
| Facility | PATHWAYS MEMORY CARE AT VILLA TOSCANA | | | | |
| Address | 2930 CYPRESS GROVE MEADOWS | | | Bed Designations | |
| | HOUSTON | TX | 77014 | | |
| County | Harris | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|---|-------------|--------|-------------------|---|
| Closure Date | 12/01/2021 | Facility_ID | 000269 | | |
| Owner_Operator | S-H OPCO PLAZA ON THE RIVER LLC | | | | |
| Facility | Juniper Village at Guadalupe Riverfront | | | | |
| Address | 808 GUADALUPE | | | Bed Designations | |
| | KERRVILLE | TX | 78028 | Total Medicaid | 6 |
| County | Kerr | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

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|----------------|---|-------------|--------|-------------------|-----|
| Closure Date | 07/12/2019 | Facility_ID | 005050 | | |
| Owner_Operator | MAGNIFIED NURSING AND REHABILITATION LP | | | | |
| Facility | MAGNIFIED NURSING AND REHABILITATION LP | | | | |
| Address | 1115 ANDERSON | | | Bed Designations | |
| | COLLEGE STATIO | TX | 77840 | Total Medicaid | 100 |
| County | Brazos | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

| | | | |
|---------------------|---|-------------|--------|
| Closure Date | 02/28/2020 | Facility_ID | 005073 |
| Owner_Operator | METROPLEX NURSING AND REHABILITATION LP | | |
| Facility | METROPLEX NURSING AND REHABILITATION LP | | |
| Address | 658 SW 3RD ST | | |
| | GRAND PRAIRIE | TX | 75051 |
| County | Dallas | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 89 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

| | | | |
|---------------------|---|-------------|--------|
| Closure Date | 02/15/2021 | Facility_ID | 004277 |
| Owner_Operator | DEWITT MEDICAL DISTRICT | | |
| Facility | STOCKDALE RESIDENCE AND REHABILITATION CENTER | | |
| Address | 300 SALMON | | |
| | STOCKDALE | TX | 78160 |
| County | Wilson | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 56 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

| | | | |
|---------------------|--|-------------|--------|
| Closure Date | 01/30/2020 | Facility_ID | 000191 |
| Owner_Operator | WEST HOUSTON SNF MANAGEMENT LLC | | |
| Facility | ROYAL OAKS RESIDENCE AND REHABILITATION CENTER | | |
| Address | 2939 WOODLAND PARK DR | | |
| | HOUSTON | TX | 77082 |
| County | Harris | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 63 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

| | | | | |
|----------------|---|-------------|--------|---------------------|
| Closure Date | 02/06/2020 | Facility_ID | 005403 | |
| Owner_Operator | WILLOWBROOK SNF MANAGEMENT LLC | | | |
| Facility | WILLOWBROOK RESIDENCE AND REHABILITATION CENTER | | | |
| Address | 13631 ARDFIELD DR | | | Bed Designations |
| | HOUSTON | TX | 77070 | Total Medicaid |
| County | Harris | | | Medicaid 0 |
| | | | | Medicare 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare 0 |
| | | | | Private 0 |
| | | | | Total Capacity 0 |

| | | | | | |
|----------------|---|-------------|--------|-------------------|----|
| Closure Date | 07/11/2019 | Facility_ID | 005362 | | |
| Owner_Operator | MISSION RIDGE REHABILITATION AND NURSING CENTER, LP | | | | |
| Facility | MISSION RIDGE REHABILITATION & NURSING CENTER LP | | | | |
| Address | 401 SWIFT ST | | | Bed Designations | |
| | REFUGIO | TX | 78377 | Total Medicaid | 21 |
| County | Refugio | | | Medicaid | 0 |
| | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

| | | | | |
|----------------|---|--------------------|--------|---------------------|
| Closure Date | 10/18/2019 | Facility_ID | 009588 | |
| Owner_Operator | WILLIAM L MCARDLE AND ANGELA POPE MCARDLE FAMILY LIVING TRUST | | | |
| Facility | CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI | | | |
| Address | 2606 HOSPITAL BVLD | | | Bed Designations |
| | CORPUS CHRISTI | TX | 78405 | Total Medicaid 0 |
| County | Nueces | | | Medicaid 0 |
| | | | | Medicare 0 |
| Service_Type | Nursing | HOSPITAL-BASED SNF | | Medicaid/Medicare 0 |
| | | | | Private 0 |
| | | | | Total Capacity 0 |

Closure Date 04/08/2022 Facility_ID 004850

Owner_Operator FPACP BAYTOWN LLC

Facility FOCUSED CARE AT BAYTOWN

Address 2000 BEAUMONT ST

BAYTOWN TX 77520

County Harris

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 97

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 08/04/2022 Facility_ID 004806

Owner_Operator WTCS HEALTH CARE CENTER INC

Facility ASHTON PARKE CARE CENTER INC

Address 210 GULF FREEWAY

TEXAS CITY TX 77591

County Galveston

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 84

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 09/15/2022 Facility_ID 004559

Owner_Operator CHILDRESS COUNTY HOSPITAL DISTRICT

Facility TULIA HEALTH AND REHABILITATION CENTER

Address 714 S AUSTIN

TULIA TX 79088

County Swisher

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 45

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

| | | | | | |
|----------------|--|-------------|--------|-------------------|----|
| Closure Date | 07/20/2022 | Facility_ID | 004514 | | |
| Owner_Operator | CHILDRESS COUNTY HOSPITAL DISTRICT | | | | |
| Facility | LOCKNEY HEALTH AND REHABILITATION CENTER | | | | |
| Address | 401 N MAIN ST | | | Bed Designations | |
| | LOCKNEY | TX | 79241 | | |
| County | Floyd | | | Total Medicaid | 42 |
| Service_Type | Nursing | SNF/NF | | Medicaid | 0 |
| | | | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

| | | | | | |
|----------------|--|-------------|--------|-------------------|----|
| Closure Date | 07/01/2022 | Facility_ID | 004271 | | |
| Owner_Operator | JACK COUNTY HOSPITAL DISTRICT | | | | |
| Facility | HOMESTEAD NURSING AND REHABILITATION OF COLLINSVILLE | | | | |
| Address | 501 N MAIN ST | | | Bed Designations | |
| | COLLINSVILLE | TX | 76233 | Total Medicaid | 41 |
| County | Grayson | | | Medicaid | 0 |
| Service_Type | Nursing | SNF/NF | | Medicare | 0 |
| | | | | Medicaid/Medicare | 0 |
| | | | | Private | 0 |
| | | | | Total Capacity | 0 |

| | | | | | |
|----------------|--------------------------|--------------------|--------|-------------------|---|
| Closure Date | 06/15/2022 | Facility_ID | 110277 | | |
| Owner_Operator | Atrium Medical Center LP | | | | |
| Facility | Atrium Medical Resort | | | | |
| Address | 11929 W Airport #300 | | | Bed Designations | |
| | Stafford | TX | 77477 | | |
| County | Fort Bend | | | Total Medicaid | |
| Service_Type | Nursing | HOSPITAL-BASED SNF | | Medicaid | |
| | | | | Medicare | |
| | | | | Medicaid/Medicare | |
| | | | | Private | |
| | | | | Total Capacity | 0 |

| | | | |
|---------------------|-------------------------------------|-------------|-------|
| Closure Date | 04/11/2022 | Facility_ID | |
| Owner_Operator | STEPHENS MEMORIAL HOSPITAL DISTRICT | | |
| Facility | Mabank Nursing Center | | |
| Address | 110 W. Troupe | | |
| | Mabank | TX | 75147 |
| County | Kaufman | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|---|
| Total Medicaid | |
| Medicaid | |
| Medicare | |
| Medicaid/Medicare | |
| Private | |
| Total Capacity | 0 |

| | | | |
|---------------------|--------------------------------------|--------------------|--------|
| Closure Date | 06/19/2022 | Facility_ID | 009056 |
| Owner_Operator | Kountze Nursing & Rehabilitation LLC | | |
| Facility | OAKBEND MEDICAL CENTER | | |
| Address | | | |
| County | Fort Bend | | |
| Service_Type | Nursing | HOSPITAL-BASED SNF | |

Bed Designations

| | |
|-------------------|---|
| Total Medicaid | |
| Medicaid | |
| Medicare | |
| Medicaid/Medicare | |
| Private | |
| Total Capacity | 0 |

| | | | |
|---------------------|--|-------------|--------|
| Closure Date | 12/30/2022 | Facility_ID | 004550 |
| Owner_Operator | Missionary Baptist Foundation of America, Inc. | | |
| Facility | VALLEY VIEW CARE CENTER | | |
| Address | 101 LIBERTY LN | | |
| | ANSON | TX | 79501 |
| County | Jones | | |
| Service_Type | Nursing | SNF/NF | |

Bed Designations

| | |
|-------------------|----|
| Total Medicaid | 29 |
| Medicaid | 0 |
| Medicare | 0 |
| Medicaid/Medicare | 0 |
| Private | 0 |
| Total Capacity | 0 |

| | | | | | | | |
|----------------|------------------------|------------------|-------------------|----------------|---|---|---|
| Closure Date | 02/02/2023 | Facility_ID | 110530 | | | | |
| Owner_Operator | CareMeridian, LLC | | | | | | |
| Facility | NeuroRestorative Texas | | | | | | |
| Address | 2301 W. Campbell Rd. | Bed Designations | | | | | |
| | Garland | TX | 75044 | Total Medicaid | 0 | | |
| County | Dallas | Medicaid | | | | 0 | |
| | | Medicare | | | | 0 | |
| Service_Type | Nursing | SNF | Medicaid/Medicare | | | | 0 |
| | | Private | | | | 0 | |
| | | Total Capacity | | | | 0 | |

Closure Date
01/27/2023
Facility_ID 004959

| | | | | | | |
|----------------|-----------------|--------|-------|-------------------|------------------|---|
| Owner_Operator | J ORI LLC | | | | | |
| Facility | THE SPRINGS | | | | | |
| Address | 704 N TAYLOR RD | | | | Bed Designations | |
| | HUGHES SPRINGS | TX | 75656 | Total Medicaid | 43 | |
| County | Cass | | | | Medicaid | 0 |
| | | | | | Medicare | 0 |
| Service_Type | Nursing | SNF/NF | | Medicaid/Medicare | 0 | |
| | | | | | Private | 0 |
| | | | | | Total Capacity | 0 |

| | | | | | |
|----------------|---|------------------|---------------------|------------------|----|
| Closure Date | 01/13/2023 | Facility_ID | 000127 | | |
| Owner_Operator | UVALDE COUNTY HOSPITAL AUTHORITY | | | | |
| Facility | Alpine Terrace Nursing and Rehabilitation | | | | |
| Address | 746 ALPINE DR | | | Bed Designations | |
| | KERRVILLE | TX | 78028 | Total Medicaid | 37 |
| County | Kerr | Medicaid 0 | | | |
| | | Medicare 0 | | | |
| Service_Type | Nursing | SNF/NF | Medicaid/Medicare 0 | | |
| | | Private 0 | | | |
| | | Total Capacity 0 | | | |

Closure Date 02/02/2023 Facility_ID 004221

Owner_Operator

Facility MITCHELL COUNTY NURSING AND REHABILITATION CENTER

Address 1941 CHESTNUT ST
COLORADO CITY TX 79512

County Mitchell

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid

Medicaid

Medicare

Medicaid/Medicare

Private

Total Capacity 0

Closure Date 03/10/2023 Facility_ID 107019

Owner_Operator Adora 9 Operations, LLC

Facility ADORA MIDTOWN PARK

Address 8130 MEADOW ROAD
DALLAS TX 75231

County Dallas

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 1

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

Closure Date 03/23/2023 Facility_ID 004553

Owner_Operator NACOGDOCHES COUNTY HOSPITAL DISTRICT

Facility PONDEROSA NURSING AND REHABILITATION CENTER

Address 12520 FM 1840
DE KALB TX 75559

County Bowie

Service_Type Nursing SNF/NF

Bed Designations

Total Medicaid 75

Medicaid 0

Medicare 0

Medicaid/Medicare 0

Private 0

Total Capacity 0

| | | | | |
|---------------------|---|-------------------------|--------|--|
| Closure Date | 02/02/2023 | Facility_ID | 004221 | |
| Owner_Operator | | | | |
| Facility | MITCHELL COUNTY NURSING AND REHABILITATION CENTER | | | |
| Address | 1941 CHESTNUT ST | Bed Designations | | |
| | COLORADO CITY TX 79512 | Total Medicaid | | |
| County | Mitchell | Medicaid | | |
| Service_Type | Nursing SNF/NF | Medicare | | |
| | | Medicaid/Medicare | | |
| | | Private | | |
| | | Total Capacity | 0 | |

| | | | | |
|---------------------|---|-------------------------|--------|--|
| Closure Date | 04/25/2023 | Facility_ID | 102425 | |
| Owner_Operator | BAPTIST COMMUNITY AFFORDABLE HOUSING FOUNDATION | | | |
| Facility | THE ARBORS | | | |
| Address | 1910 MEDI PARK DR | Bed Designations | | |
| | AMARILLO TX 79106 | Total Medicaid | 28 | |
| County | Potter | Medicaid | 0 | |
| Service_Type | Nursing SNF/NF | Medicare | 0 | |
| | | Medicaid/Medicare | 0 | |
| | | Private | 0 | |
| | | Total Capacity | 0 | |

| | | | | |
|---------------------|---|-------------------------|--------|--|
| Closure Date | 04/04/2023 | Facility_ID | 004009 | |
| Owner_Operator | LOH OPS ATHENS LLC | | | |
| Facility | ATHENS HEALTHCARE AND REHABILITATION CENTER | | | |
| Address | 305 S PALESTINE ST | Bed Designations | | |
| | ATHENS TX 75751 | Total Medicaid | 56 | |
| County | Henderson | Medicaid | 0 | |
| Service_Type | Nursing SNF/NF | Medicare | 0 | |
| | | Medicaid/Medicare | 0 | |
| | | Private | 0 | |
| | | Total Capacity | 0 | |